

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

IN RE: } CASE NUMBER: 6:17-bk-07077-KSJ
INGERSOLL FINANCIAL, LLC }
} JUDGE KAREN S. JENNEMANN
} DEBTOR. } CHAPTER 11

DEBTOR'S POST-CONFIRMATION
QUARTERLY OPERATING REPORT
FOR THE PERIOD

FROM Octoberr 1, 2019 TO November 8, 2019

Comes now the above-named debtor and files its Post-Confirmation Quarterly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated: 11/8/2019

/s/ Frank M. Wolff
Attorney for Debtor

Debtor's Address
and Phone Number:
2 South Orange Avenue
Suite 202
Orlando, FL 32801

Tel. _____

Attorney's Address
and Phone Number:
Frank Martin Wolff, PA
19 E. Central Blvd.
Orlando, FL 32801
Bar No. 319521
Tel. (407) 982-4448

Note: The original Post Confirmation Quarterly Operating Report is to be filed with the Court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Post Confirmation Quarterly Operating Report, refer to the following resources on the United States Trustee website: <http://www.usdoj.gov/ust/f21/index.htm>.

- 1) Instructions for Preparing Debtor's Chapter 11 Post confirmation Quarterly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

MONTHLY OPERATING REPORT -
POST CONFIRMATION

ATTACHMENT NO. 1

QUESTIONNAIRE		
	YES*	NO
1. Have any assets been sold or transferred outside the normal course of business, or outside the Plan of Reorganization during this reporting period?	X	
2. Are any post-confirmation sales or payroll taxes past due?	X	
3. Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent?	X	
4. Is the Debtor current on all post-confirmation plan payments?	X	

*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
	YES	NO*
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?		N/A
2. Are all premium payments current?		

*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE				
TYPE of POLICY	and	CARRIER	Period of Coverage	Payment Amount and Frequency

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Application for Final Decree: _____

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 8th day of November, 2019.



Debtor's Signature

MONTHLY OPERATING REPORT -
POST CONFIRMATION

ATTACHMENT NO. 2

CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS

Case Name:	INGERSOLL FINANCIAL, LLC
Case Number:	6:17-BK-07077-KSJ
Date of Plan Confirmation:	10/09/2018

All items must be answered. Any which do not apply should be answered "none" or "N/A".

	Quarterly	Post Confirmation Total
1. CASH (Beginning of Period)	\$ 27,285.07	\$
2. INCOME or RECEIPTS during the Period	\$ 0.00	\$ 2,045,813.50
3. DISBURSEMENTS		
a. Operating Expenses (Fees/Taxes):		
(i) U.S. Trustee Quarterly Fees	\$ 0.00	\$ 26,085.00
(ii) Federal Taxes	0.00	
(iii) State Taxes	0.00	
(iv) Other Taxes	0.00	
b. All Other Operating Expenses:	\$	
c. Plan Payments:		
(i) Administrative Claims	\$ 27,285.07	\$ 855,023.75
(ii) Class 1	0.00	
(iii) Class 2 through 2e	0.00	
(iv) Class 3a through 3e	0.00	
(v) Class 4a through 4e	0.00	
see attached Exhibit to Attachment 2	0.00	1,190,789.75
Total Disbursements (Operating & Plan)	\$ 27,285.07	\$ 2,045,813.50
1. CASH (End of Period)	\$ 0.00	\$ 0.00

NOTE:

**MONTHLY OPERATING REPORT -
POST CONFIRMATION****ATTACHMENT NO. 3**

**CHAPTER 11 POST-CONFIRMATION
BANK ACCOUNT RECONCILIATIONS**
Prepare Reconciliation for each Month of the Quarter

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank:				
Account Number:				
Purpose of Account (Operating/Payroll/Tax)				
Type of Account (e.g. checking)				
1. Balance per Bank Statement				
2. ADD: Deposits not credited				
3. SUBTRACT: Outstanding Checks				
4. Other Reconciling Items				
5. Month End Balance (Must Agree with Books)				

Note: Attach copy of each bank statement and bank reconciliation.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Note: Attach copy of each investment account statement.

SEE ATTACHED RECEIPTS AND DISBURSEMENT JOURNALS

MONTHLY OPERATING REPORT - POST CONFIRMATION

ATTACHMENT NO. 4

CHAPTER 11 POST-CONFIRMATION CASH/DEBIT/CHECK DISBURSEMENTS DETAILS

Name of Bank	
Account Number	
Purpose of Account (Operating/Payroll/Personal)	
Type of Account (e.g., Checking)	

Check Number	Date of Transaction	Payee	Purpose or Description	Amount

SEE ATTACHED RECEIPTS AND DISBURSEMENT JOURNALS

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.